

## 阿彌陀佛關懷中心德國協會

## Amitofo Care Centre Germany e.V.

Membership/Godparenthood statement	Membership					Direct debit authorization	
Mr./Ms.	I/We hereby declare my/our membership in the Amitofo Care Centre Germany Association				Amitofo Care Centre Germany e.V.		
	Individual me	Individual membership 30,-€ □ Sedanstr. 1, 40217 Düsseldorf					
Last Name:	Pupil/Student 15,-€			15,-€		Creditor identification no. <b>DE75ZZZ200001778763</b>	
First Name:	Family membership			50,-€		Mandate Reference will be notified separately SEPA-Debit Mandate	
Street/No.:	——— Patronizing m	embers	hip	200,-€		I authorize Amitofo Care Centre Germany e.V., payments from my account collect by direct	
ZIP-Code/City:	I donate (in addition to the membership fee) a donation of Euro  yearly				withdrawal. At the same time I will inform my Credit institution regarding the regularly payment to		
Phone:					Amitofo Care Centre Germany e.V.		
Mobile:	□ single				Bank Name Swift Code		
E-Mail:	☐ I just want to donate and not become a member				IBAN DE I I I I		
Begin:	Godparenthood				Account owner and address same as in the declaration of membership		
	I/we hereby sponsor						
	monthly	15,- €		quarterly	45,- € □		
	half-yearly	90,- €		yearly	180,- € □	I	
	Way of Payment:		Bank direct debit			Note: I may request, within eight weeks from the debit date, refund the debited amount. Applicable in this	
			Transfer/Online				
	Donation account: Receiver: Bank: IBAN: BIC/Swift Code:		Amitofo Care Centre Germany e.V. Stadtsparkasse Düsseldorf DE21 3005 0110 1007 1520 00 DUSSDEDDXXX			regard by the contract with my bank conditions.	
	Date / Signature				Date / Signature		

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